

## HISTORY FACILITY PROFILE

ART CITY NURSING AND REHAB PROVIDER #: 465130 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 321 EAST 800 SOUTH PHONE NUMBER: (801) 489-9461 TOTAL: 55  
 SPRINGVILLE UT 84663 PARTICIPATION DATE: 09/11/1992 CERTIFIED: 55 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/03/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 55	
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TOTAL:	34	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	0	SUSPENSION RESCINDED:	--	--	----
MEDICAID:	25			55	
OTHER:	9				

CURRENT SURVEY REVISIT DATES - 10/01/2002 08/29/2002

PRIOR 3 SURVEY 05/1999	S/S CODE	PRIOR 2 SURVEY 05/2000	S/S CODE	PRIOR 1 SURVEY 08/2001	S/S CODE	CURRENT SURVEY 07/03/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E					X C	D	08/29/2002	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	E								REQ F0241-DIGNITY
						X C	B	08/29/2002	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
						X C	E	08/29/2002	REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
		X	D						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	G								REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	E								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E								REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
						X C	H	08/29/2002	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	D	X	D						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	E								REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
X	D								REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
X	E								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E								REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
						X C	D	08/29/2002	REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
				X	D	X C	E	10/01/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	D								REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
						X C	H	08/29/2002	REQ F0468-CORRIDORS HAVE FIRMLY SECURED HANDRAILS
						X C	E	08/29/2002	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
				X	D	X C	E	08/29/2002	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
						X C	D	08/29/2002	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
						X C	H	08/29/2002	REQ F0520-FACILITY MAINTAINS QA COMMITTEE
									REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

## EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST  
 PRIOR 3 PRIOR 2 PRIOR 1 CURRENT  
 SURVEY SURVEY SURVEY SURVEY  
 05/1999 05/2000 08/2001 07/03/2002

PLAN/DATE  
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X	X					
	X					
X			X N			
			X C	07/05/2002		
	X					
			X C	07/05/2002		
X	X	X	X N			
	X	X	X C	07/23/2002		

K0044-HORIZONTAL EXIT  
 K0050-FIRE DRILLS  
 K0056-AUTOMATIC SPRINKLER SYSTEM  
 K0062-SPRINKLER SYSTEM MAINTENANCE  
 K0069-COOKING EQUIPMENT  
 K0076-MEDICAL GAS SYSTEM  
 K0104-PENETRATIONS OF SMOKE BARRIERS  
 K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	11	2	2	12
HEALTH TOTAL	11	2	2	12
LIFE SAFETY CODE	5	2	5	3
LIFE SAFETY CODE + HEALTH	16	4	7	15

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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01/31/2001	SUBSTANTIATED
05/30/2001	UNSUBSTANTIATED
05/20/2002	SUBSTANTIATED
07/03/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT